

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII TATE ETHICS COMM SSICK

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
SUZUKI	NORMAN	H	(808) 521-2661	
MAILING ADDRESS (Street)			FAX	
1188 BISHOP STREET, SUITE 18	05		(808) 521-2663	
(City)	(State)	(Zip (Code)	
HONOLULU	HAWAII	968	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
SUZUKI & GOO, ATTORNEYS, A	(808) 521-2661			
MAILING ADDRESS (Street)			FAX	
1188 BISHOP STREET, SUITE 180	05		(808) 521-2663	
(City)	(State)	(Zip (Code)	
HONOLULU	HAWAII	968	13	

PART II ORGANIZATIO	DN		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE (202) 223-8204	
CIGAR ASSOCIATION OF AME	**		
MAILING ADDRESS (Street)		FAX (202) 833-0379	
1707 H STREET, NW, SUITE 8	00		
(City)	(State)	(Zip Code)	
WASHINGTON, DC		20006	
NAME OF PERSON RESPONSIBL	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE (202) 223-8204	
LITA M. CONKLIN			
MAILING ADDRESS (Street)		FAX	
1707 H STREET, NW, SUITE 8	00		
(City)	(State)	(Zip Code)	
WASHINGTON, DC		20006	

PAR	TIII DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LO	BBY	
[]	Agriculture Communications & Public Utilities Consumer Protection & Commerce Culture, Arts, Historic Preservation Ecology, Energy Environmental Protection	[] Education [] Government Operations & Finance [] Hawaiian Affairs [] Health [] Housing	[] Human Services [] Intergovernmental Resolutional Affairs [] Labor & Employment [] Planning, Land & Wal Use Management [] Public Safety & Corre	[] Transportation ter [X] Other: (indicate below) Tobacco and cigars	
PAR		N OF LOBBYIST			
	Thereby certify that the	(Signature of Lobbyist)	is, to the best of my kno	wledge, correct and complete.	
PAR	T V AUTHORIZATIO	N TO LOBBY		1000	
NAME			TITLE OF AUTHORIZING	GOFFICER OR PERSON REPRESENTED	
NOR	NORMAN F. SHARP President				
NAME	OF ORGANIZATION (if app	olicable)		TELEPHONE (202) 223-8204	
CIGAR ASSOCIATION OF AMERICA, INC					
MAIL	NG ADDRESS (Street)	10 M (A	· · · · · · · · · · · · · · · · · · ·	FAX (202) 833-0379	
1707	H STREET, NW, SUITE 800				
WASI	(City) HINGTON, DC	(State)	1111000000	(Zip Code) 20006	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. Ton. 4.2015					